,							Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective December 29, 1999							04/	6	598	104	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER SMALL I		
FC	PR	NUMBER FILED		NUMBER EXTRA		RAT	E FEE		RATE	FEE	
BA	SIC FEE						345.00	OR		690.00	
TC	TAL CLAIMS	minus 20=		•		X\$ 9	9=	OR	X\$18=		
INC	EPENDENT CLAIMS	minus 3 =		*		· X39	=	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+130)=	OR	+260=		
* If	the difference in co	lumn 1 is less t	column 2	TOTA	AL 345	OR	TOTAL				
	•	VIS AS AMEI				OTHER					
	giller som kalanga kilanga sangan sangan sangan kalangan pagang dan pangan s	olumn 1) CLAIMS	(Column 2) HIGHEST	(Column 3)	SMA	LLENTITY	OR	SMALL		
ENT A	RE	MAINING AFTER ENDMENT	Р	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total *	Minu	S **		=	X\$ 9)=	OR	X\$18=		
AME	Independent * FIRST PRESENTAT		1/4/1		=	X39	=	OR	X78=		
	- THOSE PROCESSION	CN OF MOLTI		DENT CEANING		+130)=	OR	+260=		
						TO ADDIT. F	TAL FEE	OR	TOTAL ADDIT. FEE		
		olumn 1)	(Column 2)	(Column 3)					,	
ENT B	RE	CLAIMS MAINING AFTER ENDMENT	P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT . EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total *	Minu	S **	20	=	X\$ 9	=	OR	X\$18=	<u>-</u>	
AME	Independent + FIRST PRESENTAT	TON OF MULTIP			= 4	X39=		OR	X78=		
		TORT OF MIDER				+130)=	OR	+260=		
,						TO ADDIT. F		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)							•			
AMENDMENT C	RE	CLAIMS MAINING AFTER ENDMENT	P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total *	Minu	IS **	·	=	X\$ 9	=	OR	X\$18=		
	Independent +	Minu TION OF MULTIP			=	X39=	=	OR	X78=		
	FIRST PRESENTAT	TON OF MULTIP	LE DEPEN	DENT CLAIM		+130:	=	OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Brogins Boid For" IN THIS SPACE is less than 20, enter "20.") P	TOTAL		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
		•		·			. •	,			

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/659866

Total Fee Calculation

	Fee Code	Total # Claims		Number Extra	X	Fcc	Fee		Total
•	Sm./Lg.					Sm. Entity	Lg. Entiry		· b (.
Basic Filing Fee	201/101							•	345
Total Claims >20	203/103	1	-20 -		X		.,, ., ., ., ., ., ., ., ., ., .	•	
Independent Claims >3	202/102		-3 -		x			•	
Mult. Dep Claim Present	204/104		•					•	
Surcharge	205/105	•						•	65
English Translation	139						•		
TOTAL FEE CALCULA	ATION								
Fees due upon filing th	he application:						ø'		
Total Filing Fees Due	= S		4	10					
Less Filing Fees Subm	niπed - \$					·			
BALANCE DUE	= s		410)		·			
Office of Initial Patent	Examination								

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)